

Case Number:	CM15-0123339		
Date Assigned:	07/07/2015	Date of Injury:	08/13/2003
Decision Date:	08/14/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 38 year old female patient who sustained an industrial injury on 08/13/2003. The injured worker was employed as an eligibility clerk for social services she encountered repetitive work duties which over the course of employment resulted in injury. The patient reported the incident was evaluated and treated with activity modification, medication and diagnostic testing. There after she did undergo physical therapy course, acupuncture and biofeedback therapy. In addition, she utilizes a transcutaneous nerve stimulator unit which provides temporary relief. The patient also participated in exercise and subsequently underwent surgical intervention on in June 2010 for a right shoulder, right elbow in November 2013, and right wrist in 2011. A recent initial pain management office visit dated 06/11/2015 reported the patient with subjective complaint of having chronic progressive pain in her neck, right shoulder, right arm, right elbow, right wrist, and right hand over the past twelve years. The patient has returned to a regular full time work duty. Current medications are: Effexor ER, Fenoprofen, Fexmid, Flexeril, Lasix, and Tramadol. The plan of care noted the physician recommending physical therapy session treating the neck, obtain a magnetic resonance imaging study and consider trigger point injections. At a visit dated 09/02/2014 the treating diagnoses were: impingement syndrome of the right shoulder with bicipital tendonitis status post decompression and labral repair; cubital tunnel on right status post release; stenosing tenosynovitis along the first extensor ion the right, status post release; discogenic cervical condition with no treatment given; CMC joint inflammation of the right thumb, status post multiple injections; secondary

issues with left upper extremity numbness that is not covered in this claim; element of depression.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request for Norco 10/325mg #60 (DOS: 6/12/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2003 and continues to be treated for neck and right upper extremity pain. The claimant is noted to be working with restrictions. When seen, there was cervical paraspinal muscle and facet tenderness. Cervical facet loading was positive. There was pain with right shoulder range of motion and medial and lateral elbow tenderness. Norco, trazodone, and Effexor were prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.